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SERIAL NUMBER 09/973,278	FILING OR 371(c) DATE 10/10/2001 RULE	CLASS 530	GROUP ART UNIT 1637	ATTORNEY DOCKET NO. PZ010P2
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APPLICANTS

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**** CONTINUING DATA *******

This appln claims benefit of 60/239,899 10/13/2000
 and is a CIP of 09/227,357 01/08/1999 PAT 6,342,581
 which is a CIP of PCT/US98/13684 07/07/1998
 which claims benefit of 60/051,926 07/08/1997
 and claims benefit of 60/052,793 07/08/1997
 and claims benefit of 60/051,925 07/08/1997
 and claims benefit of 60/051,929 07/08/1997
 and claims benefit of 60/052,803 07/08/1997
 and claims benefit of 60/052,732 07/08/1997
 and claims benefit of 60/051,931 07/08/1997
 and claims benefit of 60/051,932 07/08/1997
 and claims benefit of 60/051,916 07/08/1997
 and claims benefit of 60/051,930 07/08/1997
 and claims benefit of 60/051,918 07/08/1997
 and claims benefit of 60/051,920 07/08/1997
 and claims benefit of 60/052,733 07/08/1997
 and claims benefit of 60/052,795 07/08/1997
 and claims benefit of 60/051,919 07/08/1997
 and claims benefit of 60/051,928 07/08/1997
 and claims benefit of 60/055,722 08/18/1997
 and claims benefit of 60/055,723 08/18/1997
 and claims benefit of 60/055,948 08/18/1997
 and claims benefit of 60/055,949 08/18/1997
 and claims benefit of 60/055,953 08/18/1997
 and claims benefit of 60/055,950 08/18/1997
 and claims benefit of 60/055,947 08/18/1997
 and claims benefit of 60/055,964 08/18/1997
 and claims benefit of 60/056,360 08/18/1997
 and claims benefit of 60/055,684 08/18/1997
 and claims benefit of 60/055,984 08/18/1997
 and claims benefit of 60/055,954 08/18/1997
 and claims benefit of 60/058,785 09/12/1997
 and claims benefit of 60/058,664 09/12/1997
 and claims benefit of 60/058,660 09/12/1997
 and claims benefit of 60/058,661 09/12/1997

**** FOREIGN APPLICATIONS *********IF REQUIRED, FOREIGN FILING LICENSE GRANTED**

** 12/06/2001

Foreign Priority claimed	<input type="checkbox"/> yes <input type="checkbox"/> no	STATE OR COUNTRY	SHEETS DRAWING	TOTAL CLAIMS	INDEPENDENT CLAIMS
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance	MD	0	24	4
Verified and Acknowledged	Examiner's Signature Initials				

ADDRESS

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TITLE

SECRETED PROTEIN HHTLF25

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